

1600 K Street, 4<sup>th</sup> Floor  
Sacramento, CA 95814

Telephone: 916-322-5630  
Fax: 916-327-1859  
E-Mail: CCoA@cco.ca.gov  
Web Site: www.CalAging.org



**Executive Director**  
Sandra Fitzpatrick

## **EXECUTIVE COMMITTEE MINUTES — Pending Approval** **Friday, March 26, 2004** **Nancy Dolton**

Nancy Dolton opened the meeting (I'm assuming, I wasn't there!)

Jorge Lambrinos offered information on a health grant that Paul Glassman and the Older Adult Oral Health Task Force may be interested in applying for.

Nancy Dolton reported on the Coordinated Leadership Planning Committee. There was TACC representation at the last meeting and C4A made a great effort to schedule conference program planning around TACC efforts. The program does have a balance between senior and disability focused issues. The Commission's session on LRSPA was approved. The group had a discussion on funding for Commissioners to attend the conference. It was an administrative decision that if Commissioners were not eligible for either the Jack Horak scholarship or the C4A scholarship, and if their AAAs would not pay for them, then the Commission would cover the cost of them attending the conference.

One Commissioner reiterated his frustration with the conference, that it was not focused on coordinated advocacy efforts. The group discussed this issue and decided that next year at the beginning of the C4A conference planning cycle, we can take a position reflecting dissatisfaction with the purpose of the conference and reconsidering our participation in it. To do so at this point when we have been at the table planning is not feasible.

The CCoA schedule of meetings was discussed. A new calendar will be issued to Commissioners, which will reflect the change in Commission meetings from Tuesday/Wednesday to Wednesday/Thursday. This change is not reflected in the May CCoA meeting because in order to meet in conjunction with the C4A conference, we need to meet Tuesday/Wednesday.

The possible locations for CCoA meeting for June include: 1) Monterey County AAA and 2) Santa Barbara, Santa Maria, San Louis Obispo AAA. Monterey County is an AAA within the Department of Social Services. San Louis Obispo is a private non-profit AAA that is the only AAA not belonging to C4A – a 'maverick' AAA. Jorge Lambrinos moved and somebody seconded a motion that we hold the June meeting in Monterey. The motion was approved with Nancy Dolton abstaining.

The September CCoA meeting was suggested to take place with Area 4 Agency on Aging that includes four counties (Sacramento, Placer, Nevada, Sierra, Sutter, Yolo, and Yuba). The meeting will not be held at the CA Department of Aging, however, but somewhere else in the

PSA. Sally Acosta made a motion, that was seconded by Mary Dennison, that this be the location for the September meeting.

The committee took on the discussion of legislation with the following results:

AB 262

AB 649        Neutral

AB 674        Watch??

AB 784        Support

AB 1240       Support

AB 1886 (position of support was taken on March 19, 2004)

AB 1915       Support

AB 1957       Support

AB 1958       Support

AB 1959       Support

AB 1960       Support

AB 1994       Watch

AB 2125       (See note below)

AB 2316       (See note below)

AB 2351 and SB 740 (same basic bill)

AB 2493       Support

AB 2534       Neutral

AB 2611       Watch

AB 2822       Support

ACR 154 and ACR 183 (same bill) Oppose, unless date is changed

AJR 61        Support

AJR 62        Support

SB 1128       Support

SB 1144       Support

SB 1149       Support

SB 1170       Support

SB 1333       Support

SB 1644       ?? Ray – what did we decide on this? Did we forget to come back to it? This is the bill on reporting the death of residents in nursing homes.

SB 1754       Support

SJR 24        Support

SJR 25        Support

There was unfinished discussion on AB 2351, AB 2125. A second packet of bills was put over because of lack of time.

Commissioners expressed concern regarding spending so much time deliberating on legislation. One Commissioner inquired as to how we get the list of bills we are to consider. Staff explained that we look at bills from authors of aging-friendly folks such as Patty Berg, Lynn Daucher, John Vasconcellos. Additionally, we look at bills individual members ask us to consider. Thirdly, we consider bills on issue areas that we are interested in, for instance, prescription drugs. We also, as a courtesy to CSL, consider all of their bills that have found an author. Although each member carrying a bill on the prescription drug importation from Canada issue did not ask CCoA for their position, we are considering them because of our interest on the issue. The suggestion was made that we only look at legislation that directly relates to our efforts (such as

prescription drugs, LRSPA, Older CA Act, WHCoA). Another Commissioner suggested that we maybe shouldn't be taking positions at all on legislation, rather, we should develop issue papers with principles we support on issues such as restructuring of aging programs/departments/services, prescription drugs etc... and then share these statements with the authors of legislation rather than taking specific positions. Staff stated that this is a topic of discussion that will come up again when discussing the bylaws and needs ongoing evaluation.

The Commission welcomed Ana Matosantos from the Senate Budget Sub-Committee #3 that handles aging issues. She was asked to discuss with the committee members' concerns regarding block granting and restructuring proposals as well as other aging related issues.

Ana reported that the committee came out against block granting due to the lack of dollars that would be saved and the problems associated with the elimination of the Older CA Act language relating to certain programs such as the Alzheimer's Day Care Resource Centers and the Adult Day Health Care centers. The committee is open to suggestions, however, on how these problems can be resolved. The committee's main concern, although they know cuts must be made, is that we are proposing to cut programs such as IHSS at a time when there is a steady increase in the aging population who will need these services. A reduction in home and community-based services makes no sense based on this demographic shift. However, the fact remains, cuts must be made. The committee would be interested in learning what are the consequences of reductions.

The committee recognizes the lack of coordination of LTC service - this exists at both the state and local level. How can we ensure there is a specific place where coordination happens at each level? This is an ongoing question.

The budget committee learned that although the block grant proposal was meant to be a cost savings for administration dollars, in effect it does produce a reduction in services because at the local level, it is not only administrative dollars that are cut. However, we must see this cut in perspective of the entire budget cuts. These cuts are a drop in the bucket that need to occur and may still. CDA may be vulnerable for more cuts once May revise comes out.

Ana was asked how the trailer bill language is developed and where we can get access to it. She responded that when the governor comes out with his/her budget, they also propose a trailer bill that includes all the statutory changes necessary to implement the budget (these often come directly from the Governor's departments and agencies). The trailer bill is publicly available even though there is no place to get it online and must be requested. She can provide it to the Commission if needed. Before the May revise, the trailer bill needs affirmative action by the subcommittee to become law. After the May revise, the Administration will propose a new trailer bill.

Can departments and agencies be eliminated or merged by executive order or is legislative support/action needed to accomplish this? This is a point of debate among the Administration and the Legislature. Technically, since departments and agencies are established in statute, they would require Legislature to act by eliminating the departments' statute.

How can CCoA help the budget committee?

The budget committee often thinks in a very compartmental way. CCoA can provide a global perspective of the compounding effects of the cuts or unintended consequences. The committee looks to us also to see how cuts can be accomplished differently to be less painful to consumers. They would like to have all possible information in front of them as to the impact of budget proposals before they act (CCoA can answer questions as needed). One example of this is the suggestion that although funding for HCBS is cut, the suggestion to not eliminate the statute authorizing the programs so when there is money, we can come back to the programs.

The interests of the senior and the disability communities are so often aligned, there should be more coordinated advocacy. IHSS is not just for seniors.

The LAO asked the question, "How effective is a single state entity on aging that is not in control of the majority of the programs and services for aging?"

Restructuring how we provide services, such as Medi-Cal waivers, may occur. The current Department of Finance director facilitated drawing down more federal dollars for aging programs and putting less state dollars into aging. There are however non-supplementation requirements for waivers so this is difficult. There is no single-point of entry or coordinating body of state or locals of LTC services (as stated previously). IHSS determination is decided by county, the AAA's broker for aging services, contractors provide the service. Where is the single gatekeeper for services?

There are administrative concerns of the IHSS program, and considerable concern of what will happen to the program with such major reductions when the caseload currently grows at 10 percent per year. In theory, this program should be cost effective, because it is supposed to serve only those persons at risk of institutionalization. But the program is only as cost effective as it is reaching its target population. IHSS started as an add-on to MSSP. It was created when private funding for home and community based services for polio population dried up in the 50s with the creation of a polio vaccine. It is up for debate whether 1 percent or up to 100 percent of those currently receiving IHSS services under the IHSS residual program will go into institutions as a result of losing their services. The ultimate experiment would be to eliminate the program and see what happens.

Derrell Kelch, executive director from C4A, spoke to the executive committee on proposed cuts. CCoA discussed the IHSS cuts and leadership. Derrell stated that IHSS advocacy leadership has to come from the aging community, otherwise the unions will be the single voice. He discussed the coordinated leadership conference as not being an entity for action on timely issues. (My notes are very fuzzy here, as I was gone for the beginning of his comments, then ate lunch and didn't take notes!)

Vern Hines, from the Department of Finance opened the door to the Commission to educate him on the players of aging programs and services. He sees CCoA as a partner in helping him sort out funding of aging programs. For instance, CDA can't be the sole entity responsible for integration and coordination. The silos exist in current structure. We need to think of aging in a broad sense to encompass all the state-funding streams. What would he like to see from CCoA, how can CCoA help him do his job? He needs to get various perspectives of budget proposals, what their impacts might be. A coordinated approach on budget cuts is best and a most efficient use of everyone's time. We can comment on the trailer bill and what we feel it will and will not do, this is valuable input. The trailer bill can protect standards of programs.

Derrell pointed out that the Commission is mandated in the Older American's Act (the role of advisory body to the Department of Aging.) The senate is currently revising trailer bill language to address how AAA's decisions on how to spend money affects IHSS recipients.

Christian Griffith, staff of aging issues in Assembly Budget SubCommittee #1, discussed the many policy issues that are before the committee. This is a difficult situation because budget committee does not have the time or the expertise to explore all the ramifications of these major budget changes in such a short time frame that they are given. Major reforms suggested include the CalWorks program, Adoptions, Foster Care, Aging block grant, child care enforcement, immigrant programs and IHSS. The Assembly Budget Subcommittee #1 hearing is rescheduled for April 28. The members of the committee are interested in the LTC continuum because there are significant state General Fund (GF) commitments at stake. The committee would actually propose to go in the opposite of block granting towards MORE state discretion on spending.

IHSS is a significant item for discussion because it is a big-ticket item, cuts propose \$500,000,000 in GF savings. This is the third fastest growing program in the state. The logic of the target of the residual program is a little out of sync with the program growth, however, as this program has remained flat for five years. Therefore, there is not expected to be a growth in projected savings as a result of its cut. The Governor's budget projections for the IHSS program are questionable. It projects savings of eliminating residual program without considering what these people might do, where they will go, what state services they will most likely receive instead. Additionally, inaccuracies in the assessment process may have been touted based on faulty data. The fraud discussion presents no concrete evidence that this is going on. Possible solutions to the assessment process will most likely cost a significant amount of money, for instance lowering the caseload per worker. It is his understanding that during this time, it is very difficult for the state to be the lead in coordination and integration, rather local movements at consolidation and coordination have been very successful. Unfortunately, the only time budget solutions tend to suggest improved coordination is by taking something away in bad budget years.

How can CCoA help? Let committee know difference between bad cuts and really, really, really bad cuts and back that up with data on the cost to the state, from a fiscal perspective, why are these approaches bad?

There remains unanswered questions in the budget proposals. Perhaps CCoA could host the continuation of discussions on these important policy issues that right now are linked to budget proposals. Bad ideas are like Phoenix's - they keep coming back if they are not completely researched and ruled out.